SERFF Tracking #: OXFR-128811628 State Tracking #:

Company Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Arkansas Filling Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

**Product Name:** CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

### Filing at a Glance

Company: Christian Fidelity Life Insurance Company

Product Name: CF400 State: Arkansas

TOI: L07I Individual Life - Whole

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Date Submitted: 12/13/2012

SERFF Tr Num: OXFR-128811628 SERFF Status: Closed-Approved

State Tr Num:

State Status: Approved-Closed

Co Tr Num: CF400-2013 VALUATION/SNFL INTEREST RATE CHANGE

Implementation On Approval

Date Requested:

Author(s): Liza Perry

Reviewer(s): Linda Bird (primary)

Disposition Date: 12/18/2012
Disposition Status: Approved

Implementation Date:

State Filing Description:

SERFF Tracking #: OXFR-128811628 State Tracking #: Company Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Filing Company: Christian Fidelity Life Insurance Company Arkansas

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name:

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

#### **General Information**

Project Name: 2013 Valuation / SNFL Interest Rate Changes Status of Filing in Domicile: Not Filed

**Project Number:** Date Approved in Domicile: Requested Filing Mode: Review & Approval **Domicile Status Comments:** Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 12/18/2012

State Status Changed: 12/18/2012

Deemer Date: Created By: Liza Perry

Submitted By: Liza Perry Corresponding Filing Tracking Number: OXFR-127809054

Filing Description:

MAXIMUM VALUATION INTEREST RATE

2013 Statutory Valuation Interest Rate Change/Nonforfeiture Interest Rate Change

Christian Fidelity Life Insurance Company ("Christian Fidelity") (NAIC No. 61859) respectfully submits this filing to comply with the reduction in the statutory valuation interest rates for life insurance, effective January 1, 2013. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Attached for your expedited review and approval is life policy form CF400AR that was previously approved by the Department on 11/18/2011 (SERFF Tracking #OXFR-127809054).

Christian Fidelity is delaying changing the interest rate for nonforfeiture values in this policy until January 1, 2014. An actuarial memorandum indicating the new nonforfeiture interest rate is attached. The bracketed cash values and interest rate on the Table of Guaranteed Values page (page 4) has been updated to reflect the values that will be used by Christian Fidelity for new policies issued beginning January 1, 2014.

Other than the interest rate changes specified, there are no other changes to the policy form. A redline is attached for your reference.

Please let me know if you have any questions.

Regards, Liza Perry

Christian Fidelity Life Insurance Company

# Company and Contact

#### **Filing Contact Information**

Liza Perry, Regulatory Compliance Analyst LizaPerry@Oxfordlife.com 2721 N. Central Ave.

Phoenix, AZ 85004

602-263-6666 [Phone] 670131 [Ext]

SERFF Tracking #: OXFR-128811628 State Tracking #: Company Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Arkansas Filling Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

**Filing Company Information** 

Christian Fidelity Life Insurance CoCode: 61859 State of Domicile: Arizona

Company Group Code: 574 Company Type: 2721 North Central Avenue Group Name: State ID Number:

Phoenix, AZ 85004-1172 FEIN Number: 74-0483480

(888) 757-3732 ext. [Phone]

**Filing Fees** 

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

CompanyAmountDate ProcessedTransaction #Christian Fidelity Life Insurance Company\$50.0012/17/201265816555

SERFF Tracking #: OXFR-128811628 State Tracking #: Company Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Arkansas Filing Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

# **Correspondence Summary**

### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/18/2012	12/18/2012

## **Objection Letters and Response Letters**

Objection Letters Response Letters

Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	12/17/2012	12/17/2012	Liza Perry	12/17/2012	12/17/2012
Industry						
Response						

SERFF Tracking #: OXFR-128811628 State Tracking #: CF400-2013 VALUATION/SNFL
INTEREST RATE ...

State: Arkansas Filing Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

**Disposition** 

Disposition Date: 12/18/2012

Implementation Date: Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Redline		Yes
Form	Whole Life Policy		Yes

SERFF Tracking #: OXFR-128811628 State Tracking #: Company Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Arkansas Filling Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

# **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 12/17/2012
Submitted Date 12/17/2012
Respond By Date 01/17/2013

Dear Liza Perry,

#### Introduction:

This will acknowledge receipt of the captioned filing.

#### Objection 1

Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 filing fee is received.

#### Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking #: OXFR-128811628 State Tracking #: Company Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Arkansas Filling Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

**Product Name:** CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

### **Response Letter**

Response Letter Status Submitted to State

Response Letter Date 12/17/2012 Submitted Date 12/17/2012

Dear Linda Bird,

#### Introduction:

In accordance with your request dated December 17, 2012, Oxford Life Insurance Company respectfully submits the following response.

#### Response 1

#### Comments:

Per your request, \$50.00 has been remitted for the filing.

#### Related Objection 1

Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the \$50.00 filing fee is received.

#### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Conclusion:

Please let me know if you have any questions.

Regards, Liza Perry Oxford Life Insurance Company (602) 263-6666, Extension 670131 lizaperry@oxfordlife.com

Sincerely,

Liza Perry

SERFF Tracking #: OXFR-128811628 State Tracking #: CF400-2013 VALUATION/SNFL INTEREST RATE ...

State: Arkansas Filing Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

# **Form Schedule**

Lead F	Lead Form Number:							
Item	Schedule Item	Form	Form	Form	Form	Action Specific	Readability	
No.	Status	Name	Number	Туре	Action	Data	Score	Attachments
1		Whole Life Policy	CF400AR	POL	Initial		56.000	CF400AR 12-12-
								12.pdf

Form Type Legend:

	pe Legena.		
ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
ОТН	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



#### 2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172 (866) 641-9999

#### WHOLE LIFE POLICY

CHRISTIAN FIDELITY LIFE INSURANCE COMPANY will provide the benefits described in this Policy in consideration of the payment of the premiums as outlined in the Policy Data Page.

This policy is a legal contract between You and Us. Upon Written Request, We are required to provide within a reasonable period of time reasonable factual information regarding the benefits and provisions of this Policy. To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number, (866) 641-9999. You may also write to Us at Our Home Office address shown above or visit Our website at www.christianfidelitv.com.

#### NOTICE OF THIRTY DAY RIGHT TO EXAMINE - RIGHT TO CANCEL -

YOU HAVE PURCHASED A LIFE INSURANCE POLICY. PLEASE READ IT CAREFULLY. THE POLICY INCLUDES THE PROVISIONS BOTH ON THE PAGES WITHIN AND ON ALL AMENDMENTS, RIDERS, AND ENDORSEMENTS THAT ARE ATTACHED.

IF, FOR ANY REASON, YOU ARE NOT SATISFIED WITH THIS POLICY, YOU MAY RETURN IT TO US OR TO YOUR AGENT WITHIN THIRTY DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL PREMIUM REFUND. IF WE DO NOT MAKE THE REFUND WITHIN 10 DAYS OF THE DATE WE RECEIVE THE POLICY, WE SHALL PAY INTEREST AS REQUIRED BY THE STATE IN WHICH THE POLICY IS DELIVERED.

Signed for Christian Fidelity Life Insurance Company at Phoenix, Arizona:

President

Mark At Saysel

NO ANNUAL DIVIDENDS WHOLE LIFE INSURANCE POLICY BENEFIT PAYABLE UPON INSURED'S DEATH PREMIUMS PAYABLE DURING LIFETIME OF INSURED

# **POLICY DATA PAGE**

Plan Description	Policy Number	
[Whole Life Insurance]	[9876543210]	
Name of Insured	Name of Owner	
[John Doe]	[Joan Doe]	
Insured's Date of Birth	Insured's Gender	
[4/15/1945]	[Male]	
Policy Date	Insured's Issue Age	
[6/1/2010]	[65]	
Face Amount	Risk Class	
[\$10,000]	[Non-Tobacco]	

	Face	Premium Payment	Annual Premium
Plan Description/Coverage	Amount	Period	Payment
[Whole Life Insurance]	[\$10,000]	[56 Years]	[\$540.00]
Total			[\$540.00]
Policy Fee			[\$30.00]
Annual Premium			[\$570.00]
[Quarterly Premium]			[\$151.10]

[State Department of Insurance 1-888-XXX-XXXX]

# **TABLE OF CONTENTS**

Face Page	1
Policy Data Page	
Table of Guaranteed Values	
Definitions	.5
General Provisions	.6
Policy Values	7
Premium Provisions	3.
Policy Loan Provisions	3.
Death Benefit Provisions	8

#### TABLE OF GUARANTEED VALUES

[per \$10,000 Face Amount]

End of			Exte	nded
Policy	Attained	Cash	Te	rm
Year	Age	Value	Years	Days
[1	66	0	0	0
2	67	46	0	90
3	68	375	1	292
4	69	709	3	21
5	70	1,046	4	10
6	71	1,387	4	292
7	72	1,727	5	150
8	73	2,065	5	322
9	74	2,402	6	83
10	75	2,738	6	172
11	76	3,073	6	233
12	77	3,406	6	272
13	78	3,733	6	292
14	79	4,054	6	296
15	80	4,367	6	286
16	81	4,669	6	263
17	82	4,962	6	231
18	83	5,245	6	191
19	84	5,518	6	145
20	85	5,781	6	95
21	86	6,030	6	41
22	87	6,266	5	352
23	88	6,486	5	304
24	89	6,689	5	255
25	90	6,877	5	203
26	91	7,052	5	150
27	92	7,217	5	95
28	93	7,372	5	37
29	94	7,517	4	347
30	95	7,651	4	302
31	96	7,776	4	255
32	97	7,896	4	207
33	98	8,010	4	159
34	99	8,115	4	110
35	100	8,210	4	58

End of			Fxte	nded
Policy	Attained	Cash		erm
Year	Age	Value	Years	Days
36	101	8,296	3	365
37	102	8,380	3	331
38	103	8,462	3	293
39	104	8,542	3	253
40	105	8,620	3	209
41	106	8,696	3	160
42	107	8,769	3	103
43	108	8,841	3	36
44	109	8,911	2	348
45	110	8,978	2	313
46	111	9,044	2	274
47	112	9,107	2	229
48	113	9,168	2	173
49	114	9,226	2	98
50	115	9,283	1	363
51	116	9,337	1	336
52	117	9,389	1	303
53	118	9,439	1	255
54	119	9,487	1	143
55	120	9,531	0	356
56	121	10,000	0	0]

The above Table of Guaranteed Values is based on the Commissioner's 2001 Standard Ordinary Mortality Table, gender- and smoker-distinct, age last birthday, at an annual rate of [4.5]%, using continuous functions. These values assume that all due premiums have been paid and that there is no Indebtedness. A detailed description of the method by which these Cash Values are computed has been filed with the Insurance Department in the state where the Policy was delivered. All values are greater than or equal to those required by the laws of that state, assuming no Policy Fee. Interim Cash Values will be adjusted for the time elapsed and the payment of premiums since the last anniversary.

#### **DEFINITIONS**

Assignee – A person to whom some right or interest in this Policy is transferred.

Attained Age – The Issue Age increased by the number of completed Policy Years.

**Beneficiary** – The person or entity designated at the time of the Insured's death to receive Death Benefits under this Policy. The originally designated Beneficiary is shown in the application, a copy of which is attached. The Beneficiary may be changed according to the Change of Owner or Beneficiary provision. If the Death Benefit is payable to more than one person, payment will be made in equal shares unless specified otherwise.

Cash Value - Unless this Policy is continuing as Extended Term Insurance, the minimum Cash Values are as described on Page 4.

**Death Benefit –** The amount We pay upon the death of the Insured.

Extended Term Insurance - In the event a policy is in default, the Net Cash Value may be used as a single premium to purchase insurance that is effective for a specified length of time with the same Face Amount as this Policy. The length of time the insurance is effective depends on the amount of the Net Cash Value and the Attained Age of the Insured.

Face Amount - The amount shown on the Policy Data Page.

Home Office - The Home Office of Christian Fidelity Life Insurance Company is 2721 N. Central Ave., Phoenix, AZ 85004-1172.

Indebtedness – The sum of any outstanding loans against this Policy plus accumulated interest at the Loan Interest Rate.

**Insured** – The person named on the Policy Data Page whose life is insured under this Policy.

Issue Age - The age on the Insured's last birthday as of the Policy Date. It is shown on the Policy Data Page.

Loan Interest Rate - The annual interest rate is [7.4%], payable in advance, compounded annually.

Net Cash Value - The Cash Value less any Indebtedness. Should the Insured live to the Attained Age of 121, We shall pay You the Net Cash Value in full satisfaction of Our obligations under this Policy.

Owner, You, Your - The person or entity named on the Policy Data Page who possesses all rights and privileges under this Policy.

Parties - Owner, Insured, payee, Beneficiary, claimant or heirs and Christian Fidelity Life Insurance Company.

Policy Date – The date this Policy is issued and the premium is applied by Us to Your Policy. It is shown on the Policy Data Page.

Policy Month - The first Policy Month begins on the Policy Date. Subsequent Policy Months begin on the same day of each subsequent month.

Policy Year – The first Policy Year begins on the Policy Date. Subsequent Policy Years begin on the same month and day of each subsequent year.

**We, Us, Our** – Christian Fidelity Life Insurance Company.

Written Request - Instructions received by Us at Our Home Office, in writing, using a form provided by Us. A Written Request must be signed and dated by all Owners and Assignees. We reserve the right to reject any incomplete or unclear Written Request.

#### **GENERAL PROVISIONS**

**Arbitration –** Any dispute, controversy, or claim, whether contractual or non-contractual, between the Parties, Our parent, affiliates, subsidiaries, or agents, arising out of this Contract, relating to the breach or alleged breach of any provision or covenant under this Agreement, shall be resolved by voluntary post dispute non-binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, pursuant to an Arbitration held in Phoenix, Arizona. Any actions, suits or disputes must be brought in Your, individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. The prevailing party shall be entitled to receive from the other party its reasonable attorneys' fees and costs incurred in connection with any action, proceeding or arbitration hereunder.

Assignment of Policy - No assignment of this Policy will be binding on Us unless it a Written Request that has been recorded at Our Home Office. This Policy may not be assigned without the written consent of all irrevocable Beneficiaries, if any. Any assignment will be subject to any prior assignment of record. We will not assume responsibility for the validity of any assignment. Any claim under an assignment will be subject to proof of the Assignee's interest. Unless otherwise specified by the Owner, the assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of this notice.

Change of Owner or Beneficiary – During the lifetime of the Insured, and subject to the prior written consent of any Assignee or irrevocable Beneficiary, to the extent permitted by law, You may make a Written Request to change the Owner or Beneficiary. We will not be bound by any change unless it is recorded at Our Home Office. Unless otherwise specified by the Owner, the change in Owner or Beneficiary shall take effect on the date the Written Request is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of this notice.

**Currency** – All financial transactions under this Policy are to be made in United States dollars.

**Entire Contract** - This Policy is issued in consideration of the application and payment of the premium shown on the Policy Data Page. This Policy, the application, a copy of which is attached, and any attached amendments, endorsements and riders make the entire contract.

**Incontestability** – This Policy is not contestable, except for nonpayment of premiums, after it has been in force during the lifetime of the Insured for two years from the later of the Policy Date or the most recent reinstatement. In the absence of fraud, all statements made while applying for this Policy or for its reinstatement will be deemed representations and not warranties. Only material misstatements contained in an application for reinstatement may be used to contest such reinstatement.

**Jurisdiction** – This Policy is subject to the laws of the State in which it is delivered. If any provision of this Policy is contrary to any law to which it is subject, such provision is amended to conform to the minimum requirements of such law.

**Misstatement of Age, Gender or Tobacco** - If the Issue Age, gender or tobacco status of the Insured has been misstated, all amounts payable under this Policy will be those that would have been provided had the correct Issue Age, gender or tobacco status been stated.

**Policy Changes** - Only Our President and Secretary have the authority to make any change to this Policy. No other person has the authority to make any change to this Policy. Any change must be made in writing. Unless You object in writing, We will change this Policy, as necessary, to permit it to be treated as a Life Insurance Policy under any applicable Federal or State law, rule or regulation.

**Reinstatement -** This Policy may be reinstated within three years after it ceases to be in force unless it has been surrendered for its Net Cash Value or any Extended Term Insurance period has expired. Reinstatement is subject to You providing Us with evidence of insurability that is

satisfactory to Us. You must also pay all premiums in arrears and repay any Indebtedness, both with interest at 6% per annum, compounded annually.

**Rights of the Owner** - You may exercise all rights, privileges, options, and benefits provided by this Policy.

**Settlement Options** - Upon request, We will offer Your Beneficiaries settlement options as a means to receive the Death Benefit. We have the right to require proof of any payee's age and gender, including a certified copy of the Birth Certificate and/or a copy of the State identification of such payee.

**Suicide Exclusion** - If the Insured commits suicide within two years from the Policy Date, while sane or insane, the Death Benefit will be limited to the premiums paid less any Indebtedness.

#### **POLICY VALUES**

**Net Cash Value** – The Net Cash Value is the Cash Value, less any Indebtedness. Upon Written Request, You may surrender this Policy for its Net Cash Value.

**Surrender** – Upon Written Request, You may surrender this policy for the Net Cash Value at any time, and if surrendered within 30 days following a policy anniversary, the value available shall not be less than the Cash Value as of the anniversary date, less any Indebtedness. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request.

**Default** – When a premium is in default, and upon Written Request, You may:

- Surrender this Policy for its Net Cash Value, if any, as of the due date of the first unpaid premium. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request, or
- Elect to continue this Policy for a period as Extended Term Insurance. The Extended Term Insurance period will be determined as of the due date of the first unpaid premium by applying the Net Cash Value, if any, at the net single premium rate. The net single premium rate depends on the Issue Age and on the length of time since the Policy Date. During the Extended Term Insurance period there will be a surrender value but no loan value. Such surrender value will equal the net single premium for the amount and remaining period of Extended Term Insurance. During the thirty-day period following each anniversary such surrender value will not be less than the surrender value on that anniversary. The Death Benefit during the Extended Term Insurance period is the Face Amount.

If the option to Surrender is not elected within sixty days after the due date of an unpaid premium, the Extended Term Insurance option will automatically apply.

#### PREMIUM PROVISIONS

**Premiums -** Each premium is payable in advance on or before its due date. Premiums shall be paid to Us at Our Home Office. A receipt will be given upon request.

**Grace Period -** A grace period of 31 days will be allowed for the payment of each premium after the first due date is missed. During this grace period this Policy will remain in force. If the Insured dies during a grace period, any premium due will be deducted from the Death Benefit. If any premium is unpaid at the end of the grace period, this Policy will terminate, subject to the Automatic Premium Loan and Policy Values Provisions, as of the date such premium was due. The Owner shall have the entire grace period within which to remit payment. Any payments sent by U.S. mail shall be postmarked within the grace period.

**Automatic Premium Loan Provision –** Unless You have elected otherwise, if any premium is not paid before the end of the grace period, We will charge as a loan against this Policy that premium, as well as any remaining premium to the end of the then current Policy Year, both including Loan Interest from the end of the grace period in accordance with the Policy Loan Provisions. If the resulting total Indebtedness would exceed the Cash Value at the end of the current Policy Year, this Policy will be continued as Extended Term Insurance as described under the Policy Values provisions.

#### **POLICY LOAN PROVISIONS**

Upon Written Request, so long as no premium is in default beyond the end of the grace period, You may borrow money from Us on the sole security of this Policy. The resulting total Indebtedness may not exceed the Cash Value at the end of the then current Policy Year reduced by any unpaid premium for that year, including any Loan Interest that would be payable on a loan of such premium. We may defer the granting of any loan, other than for the payment of premiums, for no more than six months after receiving Your Written Request.

**Loan Interest –** Loan interest is payable on each Policy anniversary, except at the time a loan is made. At that time interest to the next Policy anniversary will be payable on the date of the loan. Interest not paid when due will be added to the loan and will bear interest thereafter at the Loan Interest Rate.

**Loan Repayment –** You may repay any portion of the Indebtedness at any time while the Insured is living and while this Policy is in force and not being continued as Extended Term Insurance. We will refund any corresponding unearned interest or credit it to the Indebtedness as of the date of payment.

**Loan Exceeding Cash Value** – If the Indebtedness exceeds the Cash Value, We will notify You or the last Assignee by mail at the last known address. If You do not pay such excess within 31 days after We mail the notice, this Policy will terminate on the 32<sup>nd</sup> day.

#### DEATH BENEFIT PROVISIONS

**Amount Paid** – The amount paid to the Beneficiary is the Face Amount less any Indebtedness, less any unpaid premium, if you are in the grace period. The amount paid may be increased by the portion of any premium paid beyond the Policy Month in which the Insured died. If the Policy is continuing as Extended Term Insurance, the amount paid will be the Face Amount. Upon making this payment, We are discharged from all future claims.

**Interest on Death Benefit** – Interest shall accrue at a rate of 8% per year and be payable from the date of death if the Company does not provide payment of policy proceeds within 31 days of the following:

- (i) The date that due proof of death is received by the company;
- (ii) The date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

(iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include, but are not limited to (a) The establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

**Payment of Policy Proceeds** – We will pay the Death Benefit within 31 days of Our receipt of all of the following:

- · Sufficient proof of the Insured's death;
- Sufficient proof of the Beneficiary's identity;
- A properly completed claim form; and
- This Policy or a lost Policy statement.

An original, certified copy of the Death Certificate issued by the State Office of Vital Records and Statistics is sufficient Proof of Death. We may accept alternative proof at Our sole discretion.

We will make payment in accordance with the latest Beneficiary designation. The interest of any Beneficiary who dies before the Insured will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen days after, the death of the Insured will also terminate if no benefits have been paid to such Beneficiary.

If no Beneficiary survives the Insured, then the Owner, if living, will be the Beneficiary. If the Owner is not living, the Owner's estate will be the Beneficiary.

.



# 2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172 (866) 641-9999

NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED

SERFF Tracking #:	OXFR-128811628	State Tracking #:	Company Tracking #:	CF400-2013 VALUATION/SNFL
				INTEREST RATE

State: Arkansas Filing Company: Christian Fidelity Life Insurance Company

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life

Product Name: CF400

Project Name/Number: 2013 Valuation / SNFL Interest Rate Changes/

# **Supporting Document Schedules**

		item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CF400 Readability Certification	121312.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Redline		
Comments:			
Attachment(s):			
CF400AR 12-12-12 Redline.pdf			

# **READABILITY CERTIFICATION**

This is to certify that the forms, CF400 and FE400-CFLIC, achieve a Flesch Reading Ease Score of 56 and are in compliance with applicable state laws and regulations.

Christian Fidelity Life Insurance Company
Mhr.
Anthony J. Meier
Secretary
Title
December 13, 2012 Date



# **2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172 (866) 641-9999**

#### WHOLE LIFE POLICY

**CHRISTIAN FIDELITY LIFE INSURANCE COMPANY** will provide the benefits described in this Policy in consideration of the payment of the premiums as outlined in the Policy Data Page.

This policy is a legal contract between You and Us. *Upon Written Request, We are required to provide within a reasonable period of time reasonable factual information regarding the benefits and provisions of this Policy.* To obtain information or to make further inquiries regarding this Policy, You may call Our toll-free number, (866) 641-9999. You may also write to Us at Our Home Office address shown above or visit Our website at www.christianfidelity.com.

# NOTICE OF THIRTY DAY RIGHT TO EXAMINE - RIGHT TO CANCEL -

YOU HAVE PURCHASED A LIFE INSURANCE POLICY. PLEASE READ IT CAREFULLY. THE POLICY INCLUDES THE PROVISIONS BOTH ON THE PAGES WITHIN AND ON ALL AMENDMENTS, RIDERS, AND ENDORSEMENTS THAT ARE ATTACHED.

IF, FOR ANY REASON, YOU ARE NOT SATISFIED WITH THIS POLICY, YOU MAY RETURN IT TO US OR TO YOUR AGENT WITHIN THIRTY DAYS FROM THE DATE YOU RECEIVED IT FOR A FULL PREMIUM REFUND. IF WE DO NOT MAKE THE REFUND WITHIN 10 DAYS OF THE DATE WE RECEIVE THE POLICY, WE SHALL PAY INTEREST AS REQUIRED BY THE STATE IN WHICH THE POLICY IS DELIVERED.

Signed for Christian Fidelity Life Insurance Company at Phoenix, Arizona:

President

Mark At Saysel

Secretary

NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED

# **POLICY DATA PAGE**

Plan Description	Policy Number	
[Whole Life Insurance]	[9876543210]	
Name of Insured	Name of Owner	
[John Doe]	[Joan Doe]	
Insured's Date of Birth	Insured's Gender	
[4/15/1945]	[Male]	
Policy Date	Insured's Issue Age	
[6/1/2010]	[65]	
Face Amount	Risk Class	
[\$10,000]	[Non-Tobacco]	

	Face	Premium Payment	Annual Premium
Plan Description/Coverage	Amount	Period	Payment
[Whole Life Insurance]	[\$10,000]	[56 Years]	[\$540.00]
Total			[\$540.00]
Policy Fee			[\$30.00]
Annual Premium			[\$570.00]
[Quarterly Premium]			[\$151.10]

[State Department of Insurance 1-888-XXX-XXXX]

# **TABLE OF CONTENTS**

Face Page	1
Policy Data Page	2
Table of Guaranteed Values	4
Definitions	5
General Provisions	6
Policy Values	7
Premium Provisions	8
Policy Loan Provisions	8
Death Benefit Provisions	8

# **TABLE OF GUARANTEED VALUES**

[per \$10,000 Face Amount]

	End of	A 11 - 1 1	01	Extended Term		
	Policy Year	Attained Age	Cash Value	Years	Days	
ı	[1	66	0 <del>0</del>	00	0 <del>0</del>	
ļ	2	67	46 <del>23</del>	00	9044	
	3	68	<u>375</u> 341	<u>1</u> 4	292 <del>2</del> 35	
Î	4	69	<u>709</u> 664	<u>3</u> 2	2132 6	
	5	70	1,046 <mark>99</mark> 3	<u>4</u> 3	1031 7	
	6	71	1,387 <sub>43</sub> 25	<u>4</u> 4	292 <del>2</del> 36	
	7	72	1,727 <u>16</u> 58	<u>5</u> 5	150 <del>9</del> 8	
	8	73	2,065 <sub>19</sub> 90	<u>5</u> 5	322 <del>2</del> 74	
	9	74	2,402 <mark>23</mark> 21	<u>6</u> 6	<u>83</u> 39	
	10	75	2,738 <mark>26</mark> 52	<u>6</u> 6	1724 33	
	11	76	3,073 <mark>29</mark> 83	<u>6</u> 6	2334 99	
	12	77	3,406 <mark>33</mark> 12	<u>6</u> 6	2722 42	
	13	78	3,733 <sub>3</sub> , 638	<u>6</u> 6	292 <del>2</del> 65	
	14	79	4,0543 <del>,</del> 957	<u>6</u> 6	296 <del>2</del> 72	
	15	80	4,3674 <del>,</del> 269	<u>6</u> 6	286 <del>2</del> 64	
	16	81	4,6694 <del>,</del> 571	<u>6</u> 6	263 <del>2</del> 45	
	17	82	4,9624 <del>,</del> 864	<u>6</u> 6	2312 15	
	18	83	5,245 <del>5,</del> 148	<u>6</u> 6	1914 77	
	19	84	5,5185, 423	<u>6</u> 6	1454 32	
	20	85	5,7815 <del>,</del> 687	<u>6</u> 6	<u>95</u> 83	
	21	86	6,0305, 939	<u>6</u> 6	<u>41</u> 30	
	22	87	6,266 <sub>6</sub> , 176	<u>5</u> 5	352 <del>3</del> 44	Th abo
	23	88	6,4866 <del>,</del> 399	<u>5</u> 5	304 <del>2</del> 98	Tabl Gua
	24	89	6,6896 <del>,</del> 605	<u>5</u> 5	255 <del>2</del> 49	ee Val
	25	90	6,8776 <del>,</del> 796	<u>5</u> 5	2034 98	is bas
	26	91	7,0526 <del>,</del> 973	<u>5</u> 5	1504 45	on Con
	27	92	7,217 <del>7,</del> 141	<u>5</u> 5	<u>95</u> 91	ssio s 2
	28	93	7,372 <del>7,</del> 298	<u>5</u> 5	<u>37</u> 33	Star
	29	94	7,517 <del>7,</del> 446	<u>4</u> 4	3473 45	Ordi
	30	95	7,651 <del>7,</del> 583	<u>4</u> 4	302 <del>3</del> 00	Mor y Ta
	CF34100A	R 96	7,776 <del>7,</del> 710	<u>4</u> 4	2552 54	age 5
	32	97	7,896 <del>7,</del> 833	<u>4</u> 4	207 <del>2</del> <del>06</del>	
	33	98	8,010 <del>7,</del>	<u>4</u> 4	1594 59	

Cod of		Extended		
End of Policy	Attained	Cash	Extended Term	
				_
Year	Age	Value	Years	Days
36	101	8,2968 <del>,</del> 241	<u>3</u> 4	<u>365</u> 4
37	102	8,3808, 327	<u>3</u> 3	331 <sub>33</sub> 4
38	103	8,4628 <del>,</del> 412	<u>3</u> 3	293 <mark>29</mark> 4
39	104	8,542 <del>8,</del> 494	<u>3</u> 3	253 <del>25</del> 5
40	105	8,6208 <del>,</del> 574	<u>3</u> 3	209 <del>21</del> 4
41	106	8,6968 <del>,</del> 651	<u>3</u> 3	16016 2
42	107	8,7698 <del>,</del> 727	<u>3</u> 3	10310 5
43	108	8,8418 <del>,</del> 801	<u>3</u> 3	<u>36</u> 38
44	109	8,9118 <del>,</del> 873	<u>2</u> 2	34834 9
45	110	8,9788 <del>,</del> 942	<u>2</u> 2	313 <mark>31</mark> 4
46	111	9,044 <del>9,</del> 010	<u>2</u> 2	274 <del>27</del> 6
47	112	9,107 <del>9,</del> 075	<u>2</u> 2	229 <del>23</del> 4
48	113	9,1689 <del>,</del> 137	<u>2</u> 2	173 <sub>17</sub>
49	114	9,226 <del>9,</del> 198	<u>2</u> 2	<u>98</u> 101
50	115	9,2839, 256	<u>1</u> 4	363 <mark>36</mark> 4
51	116	9,337 <sub>9</sub> , 313	<u>1</u> 4	336 <mark>33</mark> 7
52	117	9,389 <sub>9</sub> , 367	<u>1</u> 4	30330 4
53	118	9,439 <sub>9</sub> , 418	<u>1</u> 4	255 <del>25</del> 7
54	119	9,4879 <del>,</del> 468	<u>1</u> 4	14314 6
55	120	9,531 <sub>9</sub> , 513	<u>0</u> 0	35635 6
56	121	10,000 0,000	<u>0</u> 0	<u>0]<del>0]</del></u>
		·		
		C.	CELIC	
	©CFLIC			

11/9/1112/12/2012

Guarant
eed
Values
is
based
on the
Commi
ssioner'
s 2001
Standar
d
Ordinar
y
Mortalit
y Table,

The above Table of gender- and smoker-distinct, age last birthday, at an annual rate of [4.55.0]%, using continuous functions. These values assume that all due premiums have been paid and that there is no Indebtedness. A detailed description of the method by which these Cash Values are computed has been filed with the Insurance Department in the state where the Policy was delivered. All values are greater than or equal to those required by the laws of that state, assuming no Policy Fee. Interim Cash Values will be adjusted for the time elapsed and the payment of premiums since the last anniversary.

#### **DEFINITIONS**

Assignee – A person to whom some right or interest in this Policy is transferred.

Attained Age – The Issue Age increased by the number of completed Policy Years.

**Beneficiary** – The person or entity designated at the time of the Insured's death to receive Death Benefits under this Policy. The originally designated Beneficiary is shown in the application, a copy of which is attached. The Beneficiary may be changed according to the Change of Owner or Beneficiary provision. If the Death Benefit is payable to more than one person, payment will be made in equal shares unless specified otherwise.

Cash Value - Unless this Policy is continuing as Extended Term Insurance, the minimum Cash Values are as described on Page 4.

**Death Benefit –** The amount We pay upon the death of the Insured.

Extended Term Insurance - In the event a policy is in default, the Net Cash Value may be used as a single premium to purchase insurance that is effective for a specified length of time with the same Face Amount as this Policy. The length of time the insurance is effective depends on the amount of the Net Cash Value and the Attained Age of the Insured.

Face Amount - The amount shown on the Policy Data Page.

Home Office - The Home Office of Christian Fidelity Life Insurance Company is 2721 N. Central Ave., Phoenix, AZ 85004-1172.

Indebtedness – The sum of any outstanding loans against this Policy plus accumulated interest at the Loan Interest Rate.

**Insured** – The person named on the Policy Data Page whose life is insured under this Policy.

Issue Age - The age on the Insured's last birthday as of the Policy Date. It is shown on the Policy Data Page.

Loan Interest Rate - The annual interest rate is [7.4%], payable in advance, compounded annually.

Net Cash Value - The Cash Value less any Indebtedness. Should the Insured live to the Attained Age of 121, We shall pay You the Net Cash Value in full satisfaction of Our obligations under this Policy.

Owner, You, Your - The person or entity named on the Policy Data Page who possesses all rights and privileges under this Policy.

Parties - Owner, Insured, payee, Beneficiary, claimant or heirs and Christian Fidelity Life Insurance Company.

Policy Date – The date this Policy is issued and the premium is applied by Us to Your Policy. It is shown on the Policy Data Page.

Policy Month - The first Policy Month begins on the Policy Date. Subsequent Policy Months begin on the same day of each subsequent month.

Policy Year – The first Policy Year begins on the Policy Date. Subsequent Policy Years begin on the same month and day of each subsequent year.

**We, Us, Our** – Christian Fidelity Life Insurance Company.

Written Request - Instructions received by Us at Our Home Office, in writing, using a form provided by Us. A Written Request must be signed and dated by all Owners and Assignees. We reserve the right to reject any incomplete or unclear Written Request.

#### **GENERAL PROVISIONS**

**Arbitration –** Any dispute, controversy, or claim, whether contractual or non-contractual, between the Parties, Our parent, affiliates, subsidiaries, or agents, arising out of this Contract, relating to the breach or alleged breach of any provision or covenant under this Agreement, shall be resolved by voluntary post dispute non-binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, pursuant to an Arbitration held in Phoenix, Arizona. Any actions, suits or disputes must be brought in Your, individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. The prevailing party shall be entitled to receive from the other party its reasonable attorneys' fees and costs incurred in connection with any action, proceeding or arbitration hereunder.

Assignment of Policy - No assignment of this Policy will be binding on Us unless it a Written Request that has been recorded at Our Home Office. This Policy may not be assigned without the written consent of all irrevocable Beneficiaries, if any. Any assignment will be subject to any prior assignment of record. We will not assume responsibility for the validity of any assignment. Any claim under an assignment will be subject to proof of the Assignee's interest. Unless otherwise specified by the Owner, the assignment shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of this notice.

**Change of Owner or Beneficiary** – During the lifetime of the Insured, and subject to the prior written consent of any Assignee or irrevocable Beneficiary, to the extent permitted by law, You may make a Written Request to change the Owner or Beneficiary. We will not be bound by any change unless it is recorded at Our Home Office. Unless otherwise specified by the Owner, the change in Owner or Beneficiary shall take effect on the date the Written Request is signed by the Owner, subject to any payments made or actions taken by Us prior to receipt of this notice.

**Currency** – All financial transactions under this Policy are to be made in United States dollars.

**Entire Contract** - This Policy is issued in consideration of the application and payment of the premium shown on the Policy Data Page. This Policy, the application, a copy of which is attached, and any attached amendments, endorsements and riders make the entire contract.

**Incontestability** – This Policy is not contestable, except for nonpayment of premiums, after it has been in force during the lifetime of the Insured for two years from the later of the Policy Date or the most recent reinstatement. In the absence of fraud, all statements made while applying for this Policy or for its reinstatement will be deemed representations and not warranties. Only material misstatements contained in an application for reinstatement may be used to contest such reinstatement.

**Jurisdiction** – This Policy is subject to the laws of the State in which it is delivered. If any provision of this Policy is contrary to any law to which it is subject, such provision is amended to conform to the minimum requirements of such law.

**Misstatement of Age, Gender or Tobacco** - If the Issue Age, gender or tobacco status of the Insured has been misstated, all amounts payable under this Policy will be those that would have been provided had the correct Issue Age, gender or tobacco status been stated.

**Policy Changes** - Only Our President and Secretary have the authority to make any change to this Policy. No other person has the authority to make any change to this Policy. Any change must be made in writing. Unless You object in writing, We will change this Policy, as necessary, to permit it to be treated as a Life Insurance Policy under any applicable Federal or State law, rule or regulation.

**Reinstatement -** This Policy may be reinstated within three years after it ceases to be in force unless it has been surrendered for its Net Cash Value or any Extended Term Insurance period has expired. Reinstatement is subject to You providing Us with evidence of insurability that is

satisfactory to Us. You must also pay all premiums in arrears and repay any Indebtedness, both with interest at 6% per annum, compounded annually.

**Rights of the Owner** - You may exercise all rights, privileges, options, and benefits provided by this Policy.

**Settlement Options** - Upon request, We will offer Your Beneficiaries settlement options as a means to receive the Death Benefit. We have the right to require proof of any payee's age and gender, including a certified copy of the Birth Certificate and/or a copy of the State identification of such payee.

**Suicide Exclusion** - If the Insured commits suicide within two years from the Policy Date, while sane or insane, the Death Benefit will be limited to the premiums paid less any Indebtedness.

#### **POLICY VALUES**

**Net Cash Value** – The Net Cash Value is the Cash Value, less any Indebtedness. Upon Written Request, You may surrender this Policy for its Net Cash Value.

**Surrender** – Upon Written Request, You may surrender this policy for the Net Cash Value at any time, and if surrendered within 30 days following a policy anniversary, the value available shall not be less than the Cash Value as of the anniversary date, less any Indebtedness. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request.

**Default** – When a premium is in default, and upon Written Request, You may:

- Surrender this Policy for its Net Cash Value, if any, as of the due date of the first unpaid premium. We may defer the payment for the period permitted by law, but not more than six months after receiving Your Written Request, or
- Elect to continue this Policy for a period as Extended Term Insurance. The Extended Term Insurance period will be determined as of the due date of the first unpaid premium by applying the Net Cash Value, if any, at the net single premium rate. The net single premium rate depends on the Issue Age and on the length of time since the Policy Date. During the Extended Term Insurance period there will be a surrender value but no loan value. Such surrender value will equal the net single premium for the amount and remaining period of Extended Term Insurance. During the thirty-day period following each anniversary such surrender value will not be less than the surrender value on that anniversary. The Death Benefit during the Extended Term Insurance period is the Face Amount.

If the option to Surrender is not elected within sixty days after the due date of an unpaid premium, the Extended Term Insurance option will automatically apply.

#### PREMIUM PROVISIONS

**Premiums -** Each premium is payable in advance on or before its due date. Premiums shall be paid to Us at Our Home Office. A receipt will be given upon request.

**Grace Period** - A grace period of 31 days will be allowed for the payment of each premium after the first due date is missed. During this grace period this Policy will remain in force. If the Insured dies during a grace period, any premium due will be deducted from the Death Benefit. If any premium is unpaid at the end of the grace period, this Policy will terminate, subject to the Automatic Premium Loan and Policy Values Provisions, as of the date such premium was due. The Owner shall have the entire grace period within which to remit payment. Any payments sent by U.S. mail shall be postmarked within the grace period.

**Automatic Premium Loan Provision –** Unless You have elected otherwise, if any premium is not paid before the end of the grace period, We will charge as a loan against this Policy that premium, as well as any remaining premium to the end of the then current Policy Year, both including Loan Interest from the end of the grace period in accordance with the Policy Loan Provisions. If the resulting total Indebtedness would exceed the Cash Value at the end of the current Policy Year, this Policy will be continued as Extended Term Insurance as described under the Policy Values provisions.

#### **POLICY LOAN PROVISIONS**

Upon Written Request, so long as no premium is in default beyond the end of the grace period, You may borrow money from Us on the sole security of this Policy. The resulting total Indebtedness may not exceed the Cash Value at the end of the then current Policy Year reduced by any unpaid premium for that year, including any Loan Interest that would be payable on a loan of such premium. We may defer the granting of any loan, other than for the payment of premiums, for no more than six months after receiving Your Written Request.

**Loan Interest** – Loan interest is payable on each Policy anniversary, except at the time a loan is made. At that time interest to the next Policy anniversary will be payable on the date of the loan. Interest not paid when due will be added to the loan and will bear interest thereafter at the Loan Interest Rate.

**Loan Repayment –** You may repay any portion of the Indebtedness at any time while the Insured is living and while this Policy is in force and not being continued as Extended Term Insurance. We will refund any corresponding unearned interest or credit it to the Indebtedness as of the date of payment.

**Loan Exceeding Cash Value** – If the Indebtedness exceeds the Cash Value, We will notify You or the last Assignee by mail at the last known address. If You do not pay such excess within 31 days after We mail the notice, this Policy will terminate on the 32<sup>nd</sup> day.

#### **DEATH BENEFIT PROVISIONS**

**Amount Paid** – The amount paid to the Beneficiary is the Face Amount less any Indebtedness, less any unpaid premium, if you are in the grace period. The amount paid may be increased by the portion of any premium paid beyond the Policy Month in which the Insured died. If the Policy is continuing as Extended Term Insurance, the amount paid will be the Face Amount. Upon making this payment, We are discharged from all future claims.

**Interest on Death Benefit** – Interest shall accrue at a rate of 8% per year and be payable from the date of death if the Company does not provide payment of policy proceeds within 31 days of the following:

- (i) The date that due proof of death is received by the company;
- (ii) The date We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

(iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the company are resolved and sufficient evidence of the same is provided to the company. Legal impediments to payment include, but are not limited to (a) The establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

**Payment of Policy Proceeds** – We will pay the Death Benefit within 31 days of Our receipt of all of the following:

- Sufficient proof of the Insured's death;
- Sufficient proof of the Beneficiary's identity;
- A properly completed claim form; and
- This Policy or a lost Policy statement.

An original, certified copy of the Death Certificate issued by the State Office of Vital Records and Statistics is sufficient Proof of Death. We may accept alternative proof at Our sole discretion.

We will make payment in accordance with the latest Beneficiary designation. The interest of any Beneficiary who dies before the Insured will terminate at the death of such Beneficiary. The interest of any Beneficiary who dies at the time of, or within fifteen days after, the death of the Insured will also terminate if no benefits have been paid to such Beneficiary.

If no Beneficiary survives the Insured, then the Owner, if living, will be the Beneficiary. If the Owner is not living, the Owner's estate will be the Beneficiary.

.



# **2721 NORTH CENTRAL AVENUE, PHOENIX, ARIZONA 85004-1172 (866) 641-9999**

NO ANNUAL DIVIDENDS
WHOLE LIFE INSURANCE POLICY
BENEFIT PAYABLE UPON INSURED'S DEATH
PREMIUMS PAYABLE DURING LIFETIME OF INSURED